

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
Atlanta, Georgia 30333

State _____
Case No. _____

Reported to State Health Dept.
Month _____ Day _____ Year _____

BRUCELLOSIS CASE SURVEILLANCE REPORT

FIRST FOUR LETTERS OF PATIENT'S NAME

□ □ □ □

AGE

SEX

ADDRESS (County/State)

Date of Current Onset:

This Onset was:

- 1 ☐ Acute
2 ☐ Insidious
9 ☐ Not Stated

Duration of Current Illness:

Weeks

Date of Original Onset if Recurrence:

This Onset was:

- 1 ☐ Acute
2 ☐ Insidious
9 ☐ Not Stated

SYMPTOMS

DURATION OR SEVERITY

- ☐ Fever, Intermittent _____
☐ Fever, Constant _____
☐ Chills _____
☐ Weight Loss _____
☐ Sweating _____
☐ Body Ache _____
☐ Weakness _____
☐ Headache _____
☐ Malaise _____
☐ Anorexia _____
☐ Abscess (Bone, Joint, _____
Muscle) _____
☐ Other (specify) _____

THERAPY

Type, Duration and Route of Administration of:

- ☐ Tetracycline _____
☐ Streptomycin _____
☐ Sulfonamides _____
☐ Other (specify) _____
☐ Bed Rest (Duration) _____

REMARKS:

REMARKS:

PERSONAL DATA
CLINICAL ILLNESS AND THERAPY

DIAGNOSTIC TESTS

Culture	Blood	Other Specimens (specify)	Date Collected	Date Examined	Isolation Results			Species Isolated	Culture Media	Laboratory
					Pos.	Neg.	Unsat.			
1)										
2)										
3)										
4)										

Serology	Std. Tube Aggl.	Other Tests (specify)	Date Collected	Date Examined	Results (Titer, etc.)	Producer of Test Antigen	Laboratory
2)							
3)							
4)							

Date Performed	Results		Degree of Reaction	Producer of Test Antigen	Laboratory
	Pos.	Neg.			

*Sera positive by tube agglutination may be sent to the CDC for mercaptoethanol-resistant agglutinins test.

Type of Work or Activity at Onset:

Animal Contact within 6 Months Prior to Onset: 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If Yes, Place:

Dates, From: To:

Brucellosis Status in Animal Contacts	Commercial Establishments*				Family Owned Animals			
	Cattle		Swine	Other (specify)	Cattle		Swine	Other (Specify)
	Beef	Dairy			Beef	Dairy		
Brucellosis: Present								
Not Present								
Status Unknown								
Under Investigation								
Abortions Noted								

*Includes stockyards, slaughterhouses, packinghouses, dairies, meathandlers, etc.

USE OF MILK OR MILK PRODUCTS

Type Of Product	Pasteurized			Date of Last Consumption Prior to Onset	Source of Milk
	Yes	No	Unk.		

Exposure to Brucella Vaccine: 1 ☐ Yes 2 ☐ No If Yes, Date and Type of Exposure:

County Under Control Program: 1 ☐ Yes 2 ☐ No If Yes, check ☐ Modified Certified (Bovine) ☐ Certified Free (Bovine) ☐ Validated (Swine)

Additional information about recrudescence cases or those with insidious onset - type of work or activity, contact with animals, species and frequency, place of contact, dates:

Signature

Title